

**Rural Health Jobs Advertisement Form**

RHPC-1 (New 1/07)

Please limit your text to the space provided on the lines.  
Please print clearly or type.

| For Internal Use Only |            |
|-----------------------|------------|
| Date Received         | Purge Date |
| Date Posted on 3R     | Region     |

**POSITION AVAILABLE:** \_\_\_\_\_**FULL  
TIME:** \_\_\_\_\_**PART TIME:** \_\_\_\_\_**MONTHLY COMPENSATION:** \_\_\_\_\_

(PLEASE DO NOT INCLUDE EMPLOYEE BENEFITS)

**PRACTICE SETTING(S):**

Hospital \_\_\_\_\_ Long-Term Care \_\_\_\_\_ Clinic \_\_\_\_\_  
Public Health \_\_\_\_\_ Mental Health/Substance Abuse \_\_\_\_\_ Other \_\_\_\_\_

**NAME OF EMPLOYER:** \_\_\_\_\_**MAILING ADDRESS:** \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**COUNTY** \_\_\_\_\_**INDICATE DESIGNATION, IF  
APPROPRIATE:**

HPSA

(Health Planning Shortage Area)

MUA

(Medically Underserved Area)

MUP

(Medically Underserved Population)

**ELIGIBLE FOR NHSC/STATE LOAN REPAYMENT PROGRAM?**

YES \_\_\_\_\_

NO \_\_\_\_\_

**J-1 VISA PROGRAM CANDIDATE CONSIDERED?**

YES \_\_\_\_\_

NO \_\_\_\_\_

**FACILITY CONTACT PERSON:** \_\_\_\_\_**TITLE:** \_\_\_\_\_**EMAIL ADDRESS:** \_\_\_\_\_**TELEPHONE:** \_\_\_\_\_**FAX:** \_\_\_\_\_**DESCRIPTION OF POSITION:** (50 words or less) \_\_\_\_\_**SUBMIT APPLICATIONS BY:** (Date) \_\_\_\_\_PREPARED  
BY \_\_\_\_\_

DATE: \_\_\_\_\_

Mail this form to:  
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Questions? Call us at:  
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